



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

SARA VASQUEZ

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SHAN LEE

SECRETARY

JAMES BARGER

COMMISSIONER

February 4, 2015

Nat Luis Ornelas
Rowland High School Raider
Education Foundation

HEARING ON APPLICATION FOR BINGO MANAGER **BUSINESS LICENSE ID #141755**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, February 11, 2015 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

Sara Vasquez
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER : XX XXXX
PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....XXXXXXXX
2ND PUBLISHING DATE:.....XXXXXXXX
3RD PUBLISHING DATE:.....XXXXXXXX

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

BINGO MANAGER

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:..... 2000 S. OTTERBEIN AVE
ROWLAND HEIGHTS, CA 91748
NAME OF APPLICANT:..... ROWLAND HIGH SCHOOL RAIDER EDUCATION
FOUNDATION / NAT LUIS ORNELAS
DATE OF HEARING:..... 02/11/2015
TIME OF HEARING:..... 09:00 A.M.

**"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO"**

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **BINGO MANAGER**

ADDRESS OF BUSINESS: **2000 S OTTERBEIN AVE, ROWLAND HEIGHTS, CA 91748**

TELEPHONE: **(626) 965-3448**

OWNER OF BUSINESS: **NAT LUIS ORNELAS**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **ROWLAND HIGH SCHOOL RAIDER EDU**

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control	_____	_____	_____
<input type="checkbox"/> 2. Risk Management	_____	_____	_____
<input type="checkbox"/> 3. Building & Safety	_____	_____	_____
<input type="checkbox"/> 4. Fire Department	_____	_____	_____
<input type="checkbox"/> 5. Public Health	_____	_____	_____
<input type="checkbox"/> 6. Treasurer & Tax Collector	_____	_____	_____
<input checked="" type="checkbox"/> 7. Business License Commission	_____	_____	_____
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	01/29/15	tchen
<input type="checkbox"/> 9. Regional Planning Commission	_____	_____	_____
<input type="checkbox"/> 10. Weights and Measures	_____	_____	_____
<input type="checkbox"/> 11. Publishing	_____	_____	_____
<input type="checkbox"/> 12. Public Works - EPD	_____	_____	_____
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	01/29/15	tchen

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 141755

BUSINESS INFORMATION

Type of Business: BINGO MANAGER	Address of Business: 2000 S. OTTERBEIN AVE.	
DBA (Business Name): Rowland High School RAIDER EDUCATION FOUNDATION	Business Telephone: (626) 965-3448	
Sellers Permit # (State Board of Equalization):	Mailing Address:	
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/>		
If LLC or Corporation, the information below is required:		
Date of Incorporation: 6-23-12	Incorporated in the State of: CALIFORNIA	
Exact Corporate Name:		
Names of Officers	Addresses	Titles
ROBERT PADILLA		PRESIDENT
JOANNE ITAGAKI		TREASURER
YVETTE RONO		SECRETARY

APPLICANT INFORMATION

Applicant's Full Name: Nat Luis Ornelas		
Home Address:		
Home Telephone:	Cell Phone:	Email address:
Social Security #:	Date of Birth:	Place of Birth:
Driver's License or State ID#:		Expiration Date:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Height:	Weight:
Hair Color:		Eye Color:

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: **10/2/14** Applicant's Signature: **Nat Ornelas**
Application taken by: **Tomy** Date: **10/7/2014**

CERTIFICATION OF LOBBYIST REQUIREMENT

Each person or entity who applies for a county contract, permit, grant, license or franchise shall, as a part of the application for such contract, permit, grant, license or franchise, certify that the applicant is familiar with the requirements of this chapter, and that all persons acting on behalf of the applicant have complied therewith and will continue to comply therewith throughout the application process. A person or entity who seeks a contract, permit, grant, license or franchise from the county shall be disqualified therefrom if any lobbyist, lobbying firm lobbyist employer or other person or entity acting on behalf of the person or entity seeking the contract, permit, grant, license or franchise fails to comply with the provisions of this chapter.

Please submit the certification below with your application for a County Business License.

The applicant certifies that:

1. I am familiar with the requirements of the County of Los Angeles Lobbyist Ordinance, Los Angeles County Code Chapter 2.160
2. All persons acting on behalf of the applicant have complied and will comply with the Lobbyist Ordinances; and
3. The applicant is not on the County Executive Office's List of Terminated Registered Lobbyists.



Applicant's Signature



Applicant's Name

Lobbyist Name

(Applies to lobbyist, lobbying firms, and lobbyist employers)

Lobbyist Address

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109 | P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

914-01305

KIND OF BUSINESS: BINGO MANAGER

ADDRESS OF BUSINESS: 2000 S OTTERBEIN AVE, ROWLAND HEIGHTS, CA 91748

TELEPHONE: (626) 965-3448

OWNER OF BUSINESS: NAT LUIS ORNELAS

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ROWLAND HIGH SCHOOL RAIDER EDU

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

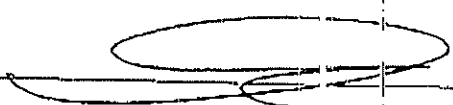
☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approved

SIGNATURE:



DATE:

11/29/15

BASIC LICENSE NO. 3531

DATE 10/08/14

IDENTIFICATION NUMBER 141755